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DATE SUBMITTED: _____

NAME OF HOMEOWNER: _____

HOMEOWNER ADDRESS: _____

CITY AND ZIP CODE< _____

HOMEOWNER PHONE # _____

PROJECT STREET ADDRESS< _____

SUBDIVISION _____ LOT # _____ BLOCK _____

CHOOSE DESCRIPTION OF PROJECT FROM MENU:

GENERAL CONTRACTOR

COMPANY NAME

CONTACT NAME

PHONE

ADDRESS

PLUMBING

ELECTRICAL

MECHANICAL

COMPANY NAME _____

ADDRESS _____

CITY/ZIP _____

PHONE # _____

CONTACT NAME _____

LICENSE # _____

The applicant/contractor agrees to execute the work in conformance with the plans attached to this application, and agrees to abide by the Building Codes and Ordinances of the Town of Double Oak. These plans (substantially) meet the minimum code requirements of the Town of Double Oak. Oversights and errors in plans **DO NOT** relieve the contractor or builder of the responsibility of complying with codes and laws in effect at time of issuance.

ELECTRICAL WIRING – NO SMALLER THAN #12 WILL BE APPROVED

APPROVED BY BUILDING INSPECTOR

DATE APPROVED

BUILDING PERMIT APPLICATION DATA SHEET

NEW HOUSE

_____ Total Square Footage 1st Floor _____ 2nd Floor _____
Patio/Porches _____ Garage _____ Walks/Driveways _____
Exterior Walls: _____ % of Masonry/First Floor _____ Second Floor _____
Driveway (culvert) Size: _____ **'MINIMUM SIZE IS 18 INCHES**
Roofing Material to be used: _____

ROOFING MATERIAL (30 YR WARRANTY) L AMINATED COMPOSITION, TREATED WOOD OR TILE

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ACCESSORY BUILDING MAJOR MINOR

Square Footage: _____ Exterior Material: _____ Roofing: _____
Utilities: Electricity: _____ Water: _____ Septic: _____

SWIMMING POOLS/SPA

Material above grade: _____ Below Grade: _____
Gallon Capacity: _____ Type of Fuel for Heating: _____

PATIO/DECKS/SIDEWALK/DRIVEWAY

Area _____ Materials _____

FENCES

Material: _____ Length: _____ Height Above Grade: _____

SPRINKLER SYSTEMS

Area of Irrigation: _____ Number of Heads: _____ Estimated GPM: _____
Type of Backflow _____ Type of System: _____

WELLS

Size (diameter): _____ Depth: _____ Pump Size: _____ HP: _____

WELL HOUSES

Area _____ Exterior Material: _____ Roof Material: _____
Electric Supply: Underground: _____ Above Ground: _____

ANTENNAS/TV DISCS

Type: _____ Height: _____ Diameter: _____
Lightning protection: _____ Bracing/Support: _____

DEMOLITION/OTHER

Type: _____

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APPLICANT NAME:

PLEASE COMPLETE THE INFORMATION REQUIRED FOR THE PERMIT